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State Schools for Severely Handicapped

Accessing Long-Term Care Facilities

Compiled from information submitted by Tracy Allen, Chokaio Benton, Daniel Blakely, Becky Brozovich, Susan Cato, Sandra Huangal, Sara Lewis, Teresa Nutting and Nancy Simpson, Home School Coordinators

The previous issue of Parent Focus gave an overview of the process for obtaining a long-term placement for your child. This edition will continue that discussion to inform the parents of older students close to graduation, as well as those families that would like to access long-term care prior to their child's graduation from State Schools.

Long-term care in Missouri – the current situation

If you need a Medicaid waiver slot-funded bed, you can only access those through the service coordinator or case manager at your local regional center. Follow the procedure outlined in the article "Long-Term Care Options" in the February 2006 issue of Parent Focus. You should complete the intake process and include the need for long-term care in your child's person-centered plan by the time he or she is 17 or 18 years old. If you do not have this in place, you will not have any chance of obtaining a placement.

Funding for these beds is severely limited, and few openings are available. Preference is given to children from families in dire situations. Examples include parental death or terminal illness, parents or grandparents being elderly and physically incapable of caring for the child, and the child being abandoned by his or her family and/or taken into protective custody. It is rare for a family to obtain a placement even if the child has major behavioral concerns and is hurting other family members.

This might sound discouraging, but the home school coordinators will work with any family that is trying to obtain long-term care. They will talk with your regional center case manager to facilitate the process. You should document why it is becoming more and more difficult to provide adequate care for your child so that information can be shared with the case manager. If funding improves and more slots become available, this documentation might improve your child's chances of obtaining one of the new beds. Even today, a case manager is occasionally able to find a placement for a family not in an emergency situation.

Will my child have to move far away?

Given the current state of affairs, if your family is offered a placement, you would have little choice in where it is located or whether or not you like the facility. Most families do take the placement, which could mean moving your child more than 100 miles away from home.

Once your child is in a long-term facility, you have some ability to work with the case manager to determine if your child could be relocated closer to home or to a facility that you would prefer. However, obtaining a bed in any facility is dependent on one becoming open. Your case manager, a home school coordinator or your school building administrator might be able to advise you on suitable facilities that are geographically closer and have Medicaid beds. Examine those facilities, and inform the case manager which one you would prefer for your child if an opening occurs. It is important that you maintain contact with your child's case manager after your child has moved to the placement in order to keep your child's file active.

Checklist of questions to ask when reviewing a facility

The authors have developed a checklist of questions to be used when reviewing facilities. These could be used by parents seeking a transfer of placement for a child already in a facility, as well as parents with the ability to pay for a placement themselves.

Visit facilities with another person so that you can ask questions and take notes together. Some case managers will go with families to look at a potential placement, and home school coordinators might also be able to help. If you like a facility, it is useful to revisit it once or twice at different times of the day or week. Take your child on one of the visits to assess his or her reaction and comfort level with the location.

The full checklist of questions is available on the SSSH Web site at http://dese.mo.gov/divspeced/stateschools/ParentResourcesIndex.html. You can also obtain a copy of the checklist from your school.

Advocating for Your Child in a **Long-Term Care Facility**

Compiled from information submitted by Tracy Allen, Chokaio Benton, Becky Brozovich, Susan Cato, Sara Lewis, Teresa Nutting and Nancy Simpson, Home School Coordinators

If your son or daughter is in a long-term care facility, your child will still rely on you to be his or her advocate. Some placements might be close to your home, and you can visit frequently. Others could be a significant distance away, and you might have limited opportunities to visit. The strategies below incorporate ideas applicable for parents who can drop by frequently, as well as parents able to visit less often who maintain the majority of contact by phone.

Initial Placement

- Visit the facility and become familiar with its layout. View your child's room. Do residents share rooms? Is it a co-ed facility?
- Meet with the residential director, social worker or a similar person to go over the plan to help your child adjust to the facility. You may wish to meet with the staff several times during the first few weeks until you and your child have adjusted to the placement.
- Share any special needs your child has for meals, communication, etc., with the staff.
- Find out whom you can call or talk to if you have any concerns about your child's care.
- What are the facility's procedures for dealing with medical needs? Who administers medications? If there is a medical emergency, how would this be handled, and who would notify you? How are regular doctor or dentist visits arranged, and does the facility transport your child to these? Will the facility call you if they need to take your child to the doctor? Who do you talk with to see the documentation on the administration of medications and medical visits?
- What are the hours when you can visit? What is the facility's policy on your child going home on weekends or for longer periods of time? How long can your child be absent before the bed is lost?
- What extracurricular activities are available at the facility? Do residents have outings, visit church, etc.?
- Does the facility give residents monthly spending money? If so, what is the amount? What is it supposed to cover, and who supervises the spending of money?

Visiting the facility

- Some of your visits should be unplanned do not call ahead.
- Visit at different times of the day, and plan a mealtime visit to see the quality of food being served.
- Check your child's room. Is it tidy and welcoming or unorganized and dirty?
- How do the staff talk and act when near your child?

How is your child doing?

- Is your child losing or gaining weight? If so, why?
- Is your child's hygiene level being maintained?
- Is your child wearing his or her own clothes, and are they clean? Can you locate all of your child's property?
- Does your child have any bed sores?
- How does your child act around the staff? Does your child seem relaxed and happy or fearful?

If your child is verbal, can sign or is able to communicate in another way

- Ask your child some questions in a safe setting away from the facility (when you take your child home or on an outing from the facility).
 - 1. Do you like the staff?
 - 2. Do you have fun at the facility? What types of activities do you do?
 - 3. Do you have enough to eat? What types of food do they give you?
 - 4. Do you have a roommate? Do you like him or her?
 - 5. Are you comfortable living there?

If your child is at a placement away from home but still attends State Schools

 Maintain contact with that school and ask staff if they have any concerns about your child. Is your child coming to school clean and well fed?



April 2006

State Schools for Severely Handicapped P.O. Box 480 Jefferson City, MO 65102-0480

Barbara Stevens, Interim Superintendent



The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 5th Floor, 205 Jefferson Street, Jefferson City, MO 65102-0480; telephone number 573-751-4212.

Information concerning other available resources. programs, etc., is not to be construed as an endorsement by State Schools for Severely Handicapped for any specific product, organization or philosophy.

- Does the facility respond quickly to school requests for changes of clothes, diapers, etc.?
- Have the school staff noticed any deterioration in your child's behavior since the placement?

Written communication with the facility

- Does the facility mail parents a copy of monthly activities for residents? Can you see a list of menus for the month?
- Is the facility willing to maintain a weekly or monthly communication log that you can see or have mailed to you? The log could detail your child's daily-living activities, outings, medical visits, changes in medication, changes in behavior and other topics that might concern you.
- As your child's guardian, you should have free access to the records for your child, including the administration of medication and daily-living activities records (for example, when your child was bathed). Once your child turns 18, access to medical records and other information may be withheld from you if you are not appointed as guardian. If your child has a guardian other than yourself, the guardian might need to sign a release to permit you to see the records.

Verbal communication with the facility

- Talk with the daily caregivers when you visit to find out how your child is doing.
- If you cannot frequently visit the facility, identify someone you can call regularly to check on what is happening with your child.

Possible signs of abuse

Abuse and neglect occur in a small percentage of facilities and are not as common as some believe. These are several reasons for concern that should be investigated:

- Your child has bruises in odd places, especially the inner thigh and other areas typically covered by clothing.
- Your child appears scared of facility staff.
- There are significant changes in your child's behavior or weight.
- A normally extroverted and talkative child becomes withdrawn and introverted.
- Your child suddenly demonstrates inappropriate sexual behavior or touching.
- You take your child home for a visit, and it is clear that your child does not want to return to the facility.
- Staff do not return phone calls or are not available when you visit the facility.

Steps you can take to protect your child

You can talk to daily caregivers to get information on what is happening on a day-to-day basis with your child, but telling them what needs to be changed is often ineffective if you have a complaint or a concern. They may or may not change their own actions, but they have no control over the other caregivers who work with your child during the week. Instead, consider the following:

- Talk to the residential director or social worker and explain your concerns. This person should be able to help you with your requests to improve the quality of life for your child.
- Document all verbal and written communication. Keep written logs listing your concerns with dates and the names of the people you contacted. Set deadlines for compliance with requests. Note when and how the facility solved the problem.
- If the resident supervisor is unavailable or unsuccessful in changing the situation, contact the administrative director or other person in charge of the facility.
- In the case of serious concerns, speak immediately with your child's regional center case manager. If the case manager will not assist you, ask to speak to his or her supervisor. The regional centers have quality-assurance staff who regularly monitor facilities. They can intervene and investigate your complaint.
- If you have a major concern, the Division of Senior Services offers a 24-hour hotline at (800) 392-0210. This covers residents 18 and older in long-term care facilities, and complaints will be investigated. For children under the age of 18, call the Division of Family Support at (800) 392-3738.

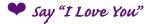
Relocation of your child to another placement

- If the regional center decides to move your child from an unsafe facility, there will be a limited number of funded openings available. The case manager might need to make temporary arrangements with a nursing home, mental health facility or similar location to take your child. Eventually, a placement would be found at a long-term facility. In many areas of the state, such facilities are not available locally, and your child could be placed even farther from home.
- Facilities also have the right to give a 30-day notice that a resident must leave the facility. This generally occurs if the resident's behavior cannot be controlled and he or she hurts staff or other residents. It might also occur if a resident's family is disruptive to the running of the facility or if the resident is no longer able to perform the required personal-care activities. If this happens, you need to contact your regional-center case manager immediately about available options.

8 WAYS TO SHOW LOVE







Allow Your Child to Make Choices



Be Patient & Kind

Look Your Child in the Eye When You Speak

Hug Your Child Regularly

Spend One-on-One Time Together

The Importance of Immunization for Children

By Claudia Rampley, Central Office

Immunization is the single most important way parents can protect their children against serious diseases. The development and use of vaccines has reduced and, in some cases, eliminated many diseases that killed or disabled children and adults just a few generations ago. Before vaccines were available, parents in the United States could expect that every year:

- polio would paralyze 10,000 children.
- rubella would cause birth defects and mental retardation in as many as 20,000 newborns.
- measles would infect about 4 million children, killing 3,000.
- diphtheria would be one of the most common causes of death in school-age children.
- a bacterium called Haemophilus influenzae type b (Hib) would cause meningitis in 15,000 children, leaving many with permanent brain damage.
- pertussis would kill 8,000 children, most of whom were less than 1 year old.

The American Academy of Pediatrics and the Centers for Disease Control and Prevention recommend childhood immunization against these 11 infection agents, all of which can cause serious illness, permanent damage or death:

#1 Diphtheria

• Diphtheria is easily spread through coughing or sneezing. It can cause paralysis, breathing and heart problems, and death.

#2 Tetanus

 Tetanus (lockjaw) occurs when a tetanus germ — usually found in soil, dust or manure — enters the body through a cut or puncture wound. It can cause muscle spasms, breathing and heart problems, and death.

#3 Pertussis

 Pertussis (whooping cough) is spread through coughing or sneezing, and it can cause very long spells of coughing that make it hard for a child to eat, drink or even breathe. Pertussis can cause lung problems, seizures, brain damage and death.

#4 Haemophilus influenzae type b

 Haemophilus influenzae type b (Hib) can cause meningitis (inflammation of the brain and spinal cord); infections of the joints, skin and blood; brain damage and death.

#5 Hepatitis B

 Hepatitis B is an infection of the liver. It can be passed from an infected mother to her newborn during childbirth, from one person to another through blood or body fluids, or by intimate contact.

#6 Measles

- Measles causes a high fever, rash and cold-like symptoms.
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It can lead to hearing loss, pneumonia, brain damage and death. Measles spreads so easily that a child who has not been immunized will likely get the disease if exposed to it. In fact, the measles virus can remain contagious in the air for up to two hours after a person with the disease has left the room.

#7 Mumps

 Mumps can cause headache, fever, swelling of glands in the jaw and neck, and swelling of testicles in adolescent boys and men. It can lead to hearing loss, meningitis and brain damage.

#8 Rubella

 Rubella (German measles) causes a slight fever and a rash on the face and neck. Pregnant women who get rubella can lose their babies, or the babies might be born with hearing loss, heart problems and mental retardation.

#9 Pneumococcal disease

 Pneumococcal disease is spread from person to person through respiratory droplets. It is the leading cause of bacterial meningitis among children 5 years and younger. It can also cause serious infections of the lungs (pneumonia) and the blood (bacteremia).

#10 Polio

 Polio causes fever and may progress to meningitis and/or lifelong paralysis or death. Persons infected with polio shed the virus in their stool and can transmit it to others.

#11 Varicella

 Varicella (chickenpox) is a very contagious disease causing rash and fever. It is spread by coughing and sneezing or direct contact with drainage from the rash. A common complication among children is bacterial infection of skin lesions. Varicella can lead to serious complications such as inflammation of the brain and pneumonia.

All students attending school in Missouri must meet the Missouri State Immunization Law requirements pertaining to immunizations. At the end of each school year and throughout the year, your child's school nurse will send home notices of any immunizations your child might need. This note would identify the immunization needed and the date by which it would be required to remain in school. If you have questions regarding your child's immunizations, please contact the school nurse.

Immunization is one of the most successful ways of preventing disease. There are no alternatives to immunization as effective for protection against serious and sometimes deadly infectious diseases. By making sure that your child is current on recommended immunizations, you also help to protect the health of the community. Vaccine-preventable diseases can have a costly impact, resulting in doctor's visits, hospitalizations and premature deaths.

Obtaining Child Care

Parents have several alternatives when seeking after-school care or full-day care when school is not in session:

- Many parents rely on family members and friends to take care of their child.
- If you need specialized care, contact your local regional center and talk to your child's service coordinator to find out what facilities are available and whether your family is eligible for financial assistance.
- If you are happy to place your child in a neighborhood daycare center or private home, you can use the Child Care Resource and Referral Network (see below).
- Home school coordinators can tell you about local referral agencies or programs offering after-school care.

As your child ages, it will become more challenging to find

centers willing to take older children and young adults. Some parents have been able to make arrangements with group homes to take older children after school. In some locations, certain programs become available once your child is over 18. Talk to your home school coordinator to find out what exists in your area.

Inclusive child care

Until the passage of the Americans with Disabilities Act, many children with disabilities were limited to attending disability-only child care centers. Now, child care centers and at-home providers are opening their doors to accept all children, and most care centers do not specialize in children with disabilities. A center cannot refuse to take a child solely because of a disability if a reasonable accommodation would address the needs of the child with the disability.

Child Care Resource and Referral Network

By Daniel Blakely, Home School Coordinator

The Missouri Child Care Resource and Referral Network (CCR&R) coordinates the activities of the eight child care resource and referral agencies serving all 115 counties of Missouri. These counties are divided into 10 regions. CCR&R advocates for high-quality, affordable and accessible care for all Missouri families.

The CCR&R services of particular interest to parents of children with disabilities are:

- provision of services to families and providers for children with special needs.
- distribution of information and educational materials to families and child care providers.
- training for child care providers and newsletters.
- child care inclusion coordination.

CCR&R considers a child to have special needs for early care and educational purposes if he or she:

- requires enhanced care over and above that of a typically developing child due to behavioral or emotional issues.
- is diagnosed with a developmental delay or disability.
- has health issues due to a disability.
- · has a learning disability.

Child care inclusion coordination

CCR&R utilizes child care inclusion coordinators at every office to implement the referral process. These coordinators assist with:

- educating and training child care providers on quality child care standards, the benefits of inclusion, the requirements of the Americans with Disabilities Act and community resources.
- contacting child care providers to determine vacancies.
- evaluating different child care placements and reviewing their level of experience in caring for children with special needs.
- developing support plans with providers when needed and assisting them in implementing plans.
- referring families to other agencies and systems that support individuals with disabilities.

Inclusion-based services are initially provided for a period of 60 days from the time of initial referral. An extension of services can occur at the request of the provider, the family or both.

CCR&R referral process

A referral to CCR&R can be made by a parent, a family member or an agency. Once a referral is made to CCR&R, an initial screening with the parent or primary caregiver is conducted to review family needs. The information obtained is entered into a computer database to match the reported needs with the most appropriate and accommodating service provider. A service-provider listing is generated and provided to the family along with an informational packet.

The informational packet includes resources to assist the family with reviewing quality of care when investigating a provider. A parent survey is also included to obtain input about the quality of services provided through the CCR&R program.

Referral-based services are generally concluded through CCR&R once the parent survey is received or within 60 days of the initial referral date.

Child care provider programs

CCR&R works closely with child care centers, family child care homes, part-day programs, full-day programs and after-school programs. These programs include licensed, license-exempt and unregulated facilities.

All licensed programs have been inspected by the Missouri Department of Health to ensure they meet all child care requirements. License-exempt providers have been inspected to ensure they meet basic health and safety standards. Unregulated providers are not inspected by any agency.

To obtain a referral

Individuals interested in services through CCR&R may contact their main headquarters at **(800) 200-9017** or visit their Web site at **http://moccrrn.org** to find the agency closest to them. Families can search for child care providers in their region. CCR&R network services are free to individuals meeting eligibility criteria. Payment for child care is not provided through the CCR&R program.

PARENT RESOURCES

MPACT Training for Parents

Barry-Lawrence Library 202 S. Jefferson Ave., Aurora

• June 15 – IDEA Boot Camp (special education law, understanding the IEP process and disagreement resolution *processes*)

9:30 a.m. to 4 p.m.

Bootheel Counseling Services 1017 Highway 25 N, Bloomfield

• May 9 – Positive Behavior Interventions 9 a.m. to noon or 1:30 p.m. to 4:30 p.m.

Show Me for the Kids Conference 3050 Green Mountain Drive, Branson

• June 22 – IDEA Boot Camp (special education law, understanding the IEP process and disagreement resolution *processes*)

8:45 a.m. to 3:30 p.m.

Department of Social Services 1500 Vandiver Drive, Columbia

- May 5 Positive Behavior Interventions 1 p.m. to 4 p.m.
- May 19 Disagreement Resolution Processes 1 p.m. to 4 p.m.

Iron County Health Department 606 W. Russell St., Ironton

• June 6 – The Art of Effective Advocacy 9 a.m. to 11:30 a.m.

Ripley County Library 209 W. Highway St., Doniphan

• May 9 – IDEA Boot Camp (special education law, understanding the IEP process and disagreement resolution processes) 9 a.m. to 3 p.m.

Central Missouri Regional Center 1716 Four Seasons Drive, Jefferson City

- May 25 Understanding the IEP Process 9 a.m. to noon
- May 25 Disagreement Resolution Processes 1 p.m. to 4 p.m.
- June 29 *The Art of Effective Advocacy* 1 p.m. to 4 p.m.

Joplin Regional Center 3600 E. Newman Road, Joplin

 May 11 – IDEA Boot Camp (special education law, understanding the IEP process and disagreement resolution processes)

9:30 a.m. to 4 p.m.

St. Louis Regional Center 3101 Chouteau, St. Louis

 June 14 – IDEA Boot Camp (special education law, understanding the IEP process and disagreement resolution

9 a.m. to 3:00 p.m.

(For more details, call (800) 743-7634 or visit their Web site at http://www.ptimpact.com and select training.)

Scholarships Available for Conferences and Workshops

The Metropolitan Council on Developmental Disabilities (MCDD) in Kansas City offers the Audrey Newkirk Memorial Scholarship to assist individuals with developmental disabilities and their family members with the payment of registration costs for conferences and seminars in the disability field. The conferences may be local, state or regional.

Funds available

- Up to \$200 is available per calendar year per person.
- There is no income limit or age limit
- The scholarship is limited to paying for registration fees. It is not available to cover travel, lodging or respite costs.
- The scholarship might be available for a second year if the request seems valid and helpful for the family.

Eligible families

Any family living in the following counties may apply: Bates, Cass, Clay, Jackson, Johnson, Lafayette, Platte and Ray.

Application process

- Obtain an application form from MCDD.
- Applications are accepted at any time during the year and are reviewed monthly.
- Apply at least 30 days before the event since the application must be approved before the conference takes place.
- Registration fees will be paid directly to the conference, or MCDD can reimburse fees paid by an applicant if the receipt for payment
- As part of the process, MCDD asks recipients to provide a verbal or written report on what was learned at the conference.

Contact information

For additional information, contact Amanda George, Executive Director, Metropolitan Council on Developmental Disabilities, 821 E. Admiral Blvd., Kansas City, MO 64141. Call (816) 889-3422, or send an e-mail to mcdd1@kcnet.com.

Summer Day Camps and Activities

Location	Organization/Contact	Information
St. Louis Area	The Recreation Council of Greater St. Louis (covering the city, county and St. Charles) • (314) 726-6044 • http://stlouis.missouri.org/reccouncil/index.html	Call to obtain a copy of the "Summer Opportunities Guide." This includes details on day camps and summer activities for children and teens with developmental disabilities.
	Easter Seals (5027 Northrup Ave., St. Louis) • Pat Winney, (314) 664-5025, Ext. 21	The day program is available from 7:30 a.m. to 6 p.m. Students can attend full time or afternoons after summer school. The program accepts children and young adults ages 10 to 21. Some funding is available.
	Camp Independence (Webster Groves Recreational Complex, 33 E. Glendale, near intersection of I-44 and Elm) • Barb Moore, (314) 454-2604 • http://www.stlouischildrens.org (look under medical services for the Cerebral Palsy Center)	This is a sports-intensive day camp managed by physical therapists from St. Louis Children's Hospital. The camp is offered 9 a.m. to 4 p.m. Monday through Friday from June 19 to Aug. 11 (no camp the week of July 3). With the exception of teen week, the camp is open to children ages 7-18 who have cerebral palsy, are able to function at a first-grade level, can understand one-step commands and have use of at least one arm. Fees are \$555 per week, and some financial assistance is available.
	YMCA of Greater St. Louis • (314) 436-1177 • http://ymcastlouis.org	Contact the main office of the YMCA or visit their Web site for details on the summer-camp programs at facilities including St. Peters, Festus and several St. Louis locations. These locations offer an inclusion program that can accommodate many children and teenagers with developmental disabilities. Provide details of your child's needs on the registration form, and allow extra time for the inclusion specialists to ensure they have adequate staff for your child.
Joplin	G.O.A.L.S. Summer Camp (CSS Activity Center, 2312 Annie Baxter, Joplin) • (417) 624-4515 • http://cssmo.org	This summer camp is open from July 5 to July 31 to children ages 5-18 with developmental disabilities. Hours are 9 a.m. to 3 p.m. The cost is free for residents of Jasper County and \$70 per week for non-county residents. Transportation is provided for a nominal fee. The registration deadline is May 31.
Kansas City Area	Rainbow Center (900 N.W. Woods Chapel Road, Blue Springs) • (816) 229-3869 weekdays from 3-4:30 p.m.	Call for detailed information. This center offers full- and half-day camps.
	Concerned Care Inc. (320 Armour Road, Suite 101, North Kansas City) • John Whalen, (816) 474-3026	Camp is from 8 a.m. to 4 p.m. Monday through Friday from June 26 to July 28 for children ages 8-16. Cost is \$150 for the summer. Families must live in Clay County, and campers must be referred by the Kansas City Regional Center.
	Camps for Kids (1080 Washington, Kansas City) • (816) 559-4622 • http://campsforkids.org	This organization provides scholarships to children with special needs attending day or specialty camps, and it may be able to refer parents in other cities to available programs.
	Child Care Source (626 Minnesota Ave., Kansas City, KS 66101) • (913) 342-1110 or (800) 755-0838 • http://childcaresource.org	You can use the Family Conservancy's "School's Out!: A Parent's Guide to Choosing Summer Care" to locate appropriate summer programs that accept children with special needs.

For families living in other areas, check with your home school coordinator or school building administrator for available summer programs and activities. Details of residential summer camps are available at http://dese.mo.gov/divspeced/stateschools/PDF/ResidentialCamps.pdf on the SSSH Web site.

School Session Days August 28	School Opening Day
September 4	Labor Day Recess
October 9	Columbus Day Recess
October 19-20	Work Day and In-Service for Staff
November 10	Parent/Teacher Meetings for First Quarter Report of Progress
November 23-24	Thanksgiving Recess
December 8	Early Dismissal at Noon
December 22-January 1	Recess for Holidays
anuary 2	Classes Resume
lanuary 15	Martin Luther King Jr. Day Recess
anuary 19	Second Quarter Report of Progress to Parents
February 12	Lincoln's Birthday Recess
February 19	Washington's Birthday Recess
March 23	Parent/Teacher Meetings for Third Quarter Report of Progress
April 9-13	Spring Break
April 16	Classes Resume
May 8	Truman's Birthday Recess
May 18	Early Dismissal at Noon
May 28	Memorial Day Recess
May 29	Classes Resume
lune 8*	School Closing Day
lune 11	Fourth Quarter Report of Progress to Parents
or other factors.	ed to make up days lost due to inclement weather ed in bold are student non-attendance days.
Make-Up Schedule	
	11, 2007, with consecutive weekdays following as needed.

Cut out and save this schedule to keep track of important dates for the next school year after you've finished reading!

STATE SCHOOLS FOR SEVERELY HANDICAPPED
Missouri Department of Elementary and Secondary Education

Web site: http://dese.mo.gov/divspeced/stateschools

NOTE: If you have items of interest for Parent Focus, please call (573) 751-0706 (Missouri Relay (800) 735-2966) or forward them to Stephanie Brooks, State Schools for Severely Handicapped, P.O. Box 480, Jefferson City, MO 65102-0480; e-mail: Stephanie.Brooks@dese.mo.gov.